

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90030 042 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N19747</b><br>1. Entity Name<br><b>ALDERSGATE UNITED METHODIST CHURCH OF PALM CITY, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     |                   |                                                                              |
| Principal Place of Business<br><b>5200 SW MARTIN HWY<br/>PALM CITY, FL 34990 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                     | Mailing Address<br><b>5200 SW MARTIN HWY<br/>PALM CITY, FL 34990 US</b>                                                                                                                                             |                                                                                                    |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     | 3. Mailing Address                                                                  |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | Suite, Apt. #, etc.                                                                 |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     | City & State                                                                        |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                             | Zip                                                                                 | Country                                                                                                                                                                                                             |                                                                                                    |                                                                              |
| 4. FEI Number<br><b>05-4442215</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                             |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     | <b>\$8.75 Additional Fee Required</b>                                                              |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>ESSENWINE, JOHN<br/>2591 SW ESTELLA TERRACE<br/>PALM CITY, FL 34990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>William Hill</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>5222 Orchid Bay Drive</b><br>City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b> |                                                                                                    |                                                                              |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| SIGNATURE <u>William A. Hill</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     |                                                                                     | DATE <u>2/13/06</u><br><small>(NOTE: Registered Agent signature required when renetting)</small>                                                                                                                    |                                                                                                    |                                                                              |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                     | <b>\$5.00 May Be Added to Fees</b>                                                                 |                                                                              |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                        |                                                                                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b><br><b>ESSENWINE, JOHN</b><br><b>2591 SW ESTELLA TERR</b><br><b>PALM CITY, FL 34990</b>     | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>C</b><br><b>William Hill</b><br><b>5222 Orchid Bay Dr.</b><br><b>Palm City, FL 34990</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>V</b><br><b>STROM, ED</b><br><b>2027 SW STRATFORD WAY</b><br><b>PALM CITY, FL 34990</b>          | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>D</b><br><b>Hugh Haines</b><br><b>16398 SW Two Wood Way</b><br><b>Indiantown, FL 34956</b>      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>HARWOOD, BRENDA</b><br><b>1659 S.W. ALBATROSS WAY</b><br><b>PALM CITY, FL 34990</b>  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>T</b><br><b>Deah-Coale</b><br><b>2671 SW Bear Paw Trl.</b><br><b>Palm City, FL 34990</b>        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>BOTT, MONK</b><br><b>14643 S W RAKE DR</b><br><b>INDIANTOWN, FL 34956</b>            | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>S</b><br><b>Natalie Jaume</b><br><b>11806 SW Grapefruit Court</b><br><b>Palm City, FL 34990</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>S</b><br><b>DURKEE, KATHY</b><br><b>P.O. BOX 782</b><br><b>PALM CITY, FL 34991</b>               | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>D</b><br><b>Rex Noble Sr.</b><br><b>2670 SW Willowood Circle</b><br><b>Palm City, FL 34990</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D</b><br><b>TRENT, STUART</b><br><b>2000 SW DOVE TRAIL TERRACE</b><br><b>PALM CITY, FL 34990</b> | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                      | <b>D</b><br><b>Gail Curcio</b><br><b>16365 Indianwood Circle</b><br><b>Indiantown, FL 34956</b>    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                     |                                                                                     |                                                                                                                                                                                                                     |                                                                                                    |                                                                              |
| <b>SIGNATURE: WILLIAM A. HILL</b> <u>William A. Hill</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                     | DATE <u>2/13/06</u> 772-220-8058                                                                                                                                                                                    |                                                                                                    |                                                                              |